## BEST AVAILABLE COPY

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

09857066

CLAIMS AS FILED - PART I (Column 1)					(Column 2)			SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY											
TOTAL CLAIMS			2)				ſ	RATE	FEE		RATE	FEE										
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00										
TOTAL CHARGEABLE CLAIMS			J∂ minus 20=		• 2			X\$ 9=		OR	X\$18=	36										
INDEPENDENT CLAIMS					* 1			X40=		OR	X80=	20										
MULTIPLE DEPENDENT CLAIM PRESENT								+135=		OR	+270=	•										
* If the difference in column 1 is less than zero, enter					"0" in c	olumn 2	L	TOTAL		OR	TOTAL	826										
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (							<b>\</b>	SMALL E	NTITY	OR	OTHER SMALL	THAN										
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IEST BER DUSLY	(Column 3) PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE										
	Total	*	Minus	**		= ,	]	X\$ 9=		OR	X\$18=											
	Independent	*	Minus	***	F OL A 13 4	<u> </u>	1 [	X40=		OR	X80=											
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+135=		OR	+270=											
							L	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE											
		(Column 1)		(Colu		(Column 3)																
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE										
	Total	*	Minus	**		=	]	X\$ 9=		OR	X\$18=											
	Independent	*	Minus	***	5 OL A 13 A	=	<b>┧</b> [	X40=		OR	X80=											
	FIRST PRESE	NTATION OF M	JETIPLE DEP	ENDEN	CLAIM		֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֡֓֓֓֓֓֡֓֓֡֓֡	+135=		OR	+270=											
							L	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE											
		(Column 1)		(Colui		(Column 3)																
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE										
	Total	*	Minus	**		=	┧╽	X\$ 9=		OR	X\$18=	j ,										
	Independent	*	Minus	***	T 01 414	= =	4 [	X40=		OR	X80=											
L	FIRST PRESENTATION OF MULTIPLE DEPENDEN				CLAIM		┙┞	+135=		OR	+270=											
		mn 1 is less than t					、 L	TOTAL			TOTAL											
***	If the "Highest Nu	mber Previously P	aid For" IN THI	S SPACE	is less tha	an 3, enter "3."	^	_	ropriate box		** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											